

## FINAL INSPECTION REPORT

### Under the *Retirement Homes Act, 2010*

| Inspection Information                                           |                                      |
|------------------------------------------------------------------|--------------------------------------|
| <b>Date of Inspection:</b> June 22, 2026                         | <b>Name of Inspector:</b> Tania Buko |
| <b>Inspection Type:</b> Responsive Inspection – Mandatory Report |                                      |
| <b>Licensee:</b> ACC-003155 - LLLGP III Inc.                     |                                      |
| <b>Retirement Home:</b> Horizon Place                            |                                      |
| <b>License Number:</b> S0522                                     |                                      |

#### About Responsive Inspections

A responsive inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. A responsive inspection is conducted when RHRA receives information that the licensee may have failed to meet the standards of the *Retirement Homes Act, 2010* or its regulations (the “RHA”). An inspection being conducted does not imply that an allegation is substantiated or that a contravention of the RHA has occurred. A licensee is required to report to RHRA if they suspect harm or risk of harm to a resident. During a responsive inspection, an RHRA inspector may observe the operations of the home, interview relevant individuals, review records and other documentation, and determine whether the licensee’s management and staff have followed mandatory policies and practices designed to protect the welfare of residents.

Following a responsive inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the *RHA*. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the *RHA*.

Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the *RHA*. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home’s Residents’ Council, if one exists.

In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.

If there is a serious incident or the licensee repeatedly does not meet the required standards, RHRA may take further action.

**Concern(s)**

*During a responsive inspection, an inspector will focus primarily on the concern(s) which prompted the inspection and may take various actions to determine whether the licensee is compliant with the RHA in relation to the concern(s). Any findings of non-compliance identified in relation to these concerns are listed below.*

**Concern #1: CON-10285-Abuse****RHRA Inspector Findings**

The Licensee reported an incident of alleged emotional abuse from a staff member towards a resident. As part of the inspection in response to the report, the Inspector reviewed records relating to the incident, staff training records, resident files and the Licensee's policies and interviewed the relevant staff, residents and other individuals. While the home immediately initiated their zero tolerance of abuse and neglect policy following the report, the Licensee was unable to demonstrate that the resident's substitute decision-maker was notified of the results of the home's investigation. In addition, the alleged staff member failed to complete annual training in the Licensee's zero tolerance of abuse and neglect policy, Resident's Bill of Rights, and the care services of assistance with bathing and dressing as required.

While reviewing relevant documentation for this inspection, the Inspector discovered several prior incidents of alleged physical, emotional and/or verbal abuse from the same staff member towards other residents that were reported to the Licensee on multiple dates in April and May 2026 and found several non-compliances relating to these incidents. Firstly, none of these incidents of alleged abuse were reported to the Registrar of the RHRA as required. Secondly, the Licensee failed to recognize many of the allegations as abuse and failed to immediately investigate the allegations for two of the incidents as required. Thirdly, the Licensee was unable to demonstrate they followed many of the directives of their zero tolerance of abuse and neglect policy for all the allegations as either the police were not notified, not all residents were interviewed or attempted to be interviewed, the residents' substitute decision-makers were not advised of the allegations of reported abuse and of the results of the home's investigation once completed, and the alleged staff member was not immediately put on leave pending investigation after each of the allegations were reported to the Licensee and continued to work in the home and provide care to the involved residents. In addition, the Licensee was unable to demonstrate that the staff member, who received the reports of alleged abuse, completed training in the Licensee's zero tolerance of abuse and neglect and complaints policies prior to working in the home.

The totality of the corroborating evidence supports the Licensee's failure to protect several residents in the home from abuse from a staff member as the Licensee repeatedly failed to follow the legislation and directives of their zero tolerance of abuse and neglect policy in relation to multiple allegations of either physical, emotional or verbal abuse, including the failure to put the staff member on leave pending investigation immediately or at all for the majority of the allegations and continued to provide care to the residents.

**Outcome**

The Licensee submitted a plan to achieve compliance by Monday August, 24, 2026. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Additional Findings**

*During a responsive inspection, an inspector may observe areas of non-compliance that are not related to the concern(s) which prompted the inspection. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.*

**Not Applicable**

**Current Inspection – Citations**

*Citations relating to the above Concerns or Additional Findings made during the current inspection are listed below.*

**The Licensee failed to comply with the RHA s. 65. (2); Training****s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**Specifically, the Licensee failed to comply with the following subsection(s):**

**s. 65. (2), (b)**

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

**The Licensee failed to comply with the RHA s. 65. (4); On-going training****s. 65. (4); On-going training**

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**The Licensee failed to comply with the RHA s. 75. (1); Reporting certain matters to Registrar****s. 75. (1); Reporting certain matters to Registrar**

75. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:

**Specifically, the Licensee failed to comply with the following subsection(s):**

**s. 75. (1), para. 2**

2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.

**The Licensee failed to comply with the RHA s. 67. (1); Protection against abuse and neglect****s. 67. (1); Protection against abuse and neglect**

67. (1) Every licensee of a retirement home shall protect residents of the home from abuse by anyone.

**The Licensee failed to comply with the RHA s. 67. (4); Policy to promote zero tolerance**

**s. 67. (4); Policy to promote zero tolerance**

67. (4) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

**The Licensee failed to comply with the RHA s. 74.; Licensee's duty to respond to incidents of wrongdoing**

**s. 74.; Licensee's duty to respond to incidents of wrongdoing**

74. Every licensee of a retirement home shall ensure that,

**Specifically, the Licensee failed to comply with the following subsection(s):**

**s. 74. (a)**

(a) every alleged, suspected or witnessed incident of the following of which the licensee knows or that is reported to the licensee is immediately investigated:

**s. 74. (a), 1.**

(i) abuse of a resident of the home by anyone,

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (5); Staff training**

**s. 14. (5); Staff training**

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (1); Staff training**

**s. 14. (1); Staff training**

14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (2); Staff training**

**s. 14. (2); Staff training**

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

**Closed Citations**

*During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.*

**Not Applicable**

## NOTICE

The Final Inspection Report is being provided to the Licensee, the Registrar of the RHRA and the home's Residents' Council, if any.

Section 55 of the *RHA* requires that the Final Inspection Report be posted in the home in a conspicuous and easily accessible location. In addition, the Licensee must ensure that copies of every Final Inspection Report from the previous two (2) years are made available in the Home, in an easily accessible location.

The Registrar's copy of the Final Inspection Report, as it appears here, will be included on the RHRA Retirement Home Database available online at <http://www.rhra.ca/en/retirement-home-database>.

|                        |                 |
|------------------------|-----------------|
| Signature of Inspector | Date            |
| <i>Tania Buko</i>      | August 10, 2026 |